

YORK RITE SOVEREIGN COLLEGE OF NORTH AMERICA

500 Temple Avenue, Detroit, Michigan 48201-2693
Tel: 313 833 1385 / Fax: 313 833 7735

WITHDRAWAL FORM

_____ York Rite College No. _____

TO ALL COMPANION KNIGHTS OF YORK:

The Governor and Secretary of _____ York Rite College No. _____,
working under the regular and unforfeited Charter from the York Rite Sovereign College of North
America:

Do hereby certify that Companion _____ who has
written his name on the bottom of this form is a Knight of York in good and regular
standing and having discharged all dues against him, and being free from all charges, as of
this date, is hereby at his own request, discharged from membership in our said College.

In testimony whereof, we have hereunto subscribed our names, and caused the seal of our said College
to be affixed at _____ in the County of _____, and the
State/Province of _____ this _____ day of
_____, 19_____.

_____, York Rite Governor
Attest:
_____, York Rite Secretary

Signature of Companion